

## ICES 2014 Abstract

Title: CO<sub>2</sub> Washout Testing Using Various Inlet Vent Configurations in the Mark-III Space Suit

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Requirements for using a space suit during ground testing include providing adequate carbon dioxide (CO<sub>2</sub>) washout for the suited subject. Acute CO<sub>2</sub> exposure can lead to symptoms including headache, dyspnea, lethargy and eventually unconsciousness or even death. Symptoms depend on several factors including inspired partial pressure of CO<sub>2</sub> (ppCO<sub>2</sub>), duration of exposure, metabolic rate of the subject and physiological differences between subjects. Computational Fluid Dynamic (CFD) analysis has predicted that the configuration of the suit inlet vent has a significant effect on oronasal CO<sub>2</sub> concentrations. The main objective of this test is to characterize inspired oronasal ppCO<sub>2</sub> for a variety of inlet vent configurations in the Mark-III space suit across a range of workload and flow rates. As a secondary objective, results will be compared to the predicted CO<sub>2</sub> concentrations and used to refine existing CFD models. These CFD models will then be used to help design an inlet vent configuration for the Z-2 space suit, which maximizes oronasal CO<sub>2</sub> washout. This test has not been completed, but is planned for January 2014. The results of this test will be incorporated into this paper.

The testing methodology used in this test builds upon past CO<sub>2</sub> washout testing performed on the Z-1 suit, Rear Entry I-Suit (REI) and the Enhanced Mobility Advanced Crew Escape Suit (EM-ACES). Three subjects will be tested in the Mark-III space suit with each subject performing two test sessions to allow for comparison between tests. Six different helmet inlet vent configurations will be evaluated during each test session. Suit pressure will be maintained at 4.3 psid. Subjects will wear the suit while walking on a treadmill to generate metabolic workloads of approximately 2000 and 3000 BTU/hr. Supply airflow rates of 6 and 4 actual cubic feet per minute (ACFM) will be tested at each workload. Subjects will wear an oronasal mask with an open port in front of the mouth and will be allowed to breathe freely. Oronasal ppCO<sub>2</sub> will be monitored real-time via gas analyzers with sampling tubes connected to the oronasal mask. Metabolic rate will be calculated from the total oxygen consumption and CO<sub>2</sub> production measured by additional gas analyzers at the air outlet from the suit. Real-time metabolic rate measurements will be used to adjust the treadmill workload to meet target metabolic rates.

This paper provides detailed descriptions of the test hardware, methodology and results, as well as implications for future inlet vent design and ground testing in the Mark-III.

# CO<sub>2</sub> Washout Testing Using Various Inlet Vent Configurations in the Mark-III Space Suit

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Requirements for using a space suit during ground testing include providing adequate carbon dioxide (CO<sub>2</sub>) washout for the suited subject. Acute CO<sub>2</sub> exposure can lead to symptoms including headache, dyspnea, lethargy and eventually unconsciousness or even death. Symptoms depend on several factors including inspired partial pressure of CO<sub>2</sub> (ppCO<sub>2</sub>), duration of exposure, metabolic rate of the subject and physiological differences between subjects. Computational Fluid Dynamic (CFD) analysis has predicted that the configuration of the suit inlet vent has a significant effect on oronasal CO<sub>2</sub> concentrations. The main objective of this test was to characterize inspired oronasal ppCO<sub>2</sub> for a variety of inlet vent configurations in the Mark-III suit across a range of workload and flow rates. Data and trends observed during testing along with refined CFD models will be used to help design an inlet vent configuration for the Z-2 space suit. The testing methodology used in this test builds upon past CO<sub>2</sub> washout testing performed on the Z-1 suit, Rear Entry I-Suit (REI) and the Enhanced Mobility Advanced Crew Escape Suit (EM-ACES). Three subjects performed two test sessions each in the Mark-III suit to allow for comparison between tests. Six different helmet inlet vent configurations were evaluated during each test session. Suit pressure was maintained at 4.3 psid. Suited test subjects walked on a treadmill to generate metabolic workloads of approximately 2000 and 3000 BTU/hr. Supply airflow rates of 6 and 4 actual cubic feet per minute (ACFM) were tested at each workload. Subjects wore an oronasal mask with an open port in front of the mouth and were allowed to breathe freely. Oronasal ppCO<sub>2</sub> was monitored real-time via gas analyzers with sampling tubes connected to the oronasal mask. Metabolic rate was calculated from the total oxygen consumption and CO<sub>2</sub> production measured by additional gas analyzers at the air outlet from the suit. Real-time metabolic rate measurements were used to adjust the treadmill workload to meet target metabolic rates. This paper provides detailed descriptions of the test hardware, methodology and results, as well as implications for future inlet vent designs and ground testing.

## Nomenclature

ACFM	=	actual cubic feet per minute
BTU/hr	=	British thermal unit per hour
CFD	=	computational fluid dynamics
CFG	=	configuration

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CO <sub>2</sub>	=	carbon dioxide
EM-ACES	=	Enhanced Mobility Advanced Crew Escape Suit
EVA	=	extravehicular activity
JSC	=	Johnson Space Center
LVCG	=	liquid ventilation and cooling garment
NASA	=	National Aeronautics and Space Administration
ppCO <sub>2</sub>	=	partial pressure carbon dioxide
psi	=	pounds per square inch
REI	=	Rear Entry I-Suit

## I. Introduction

Carbon dioxide (CO<sub>2</sub>) can build up quickly inside an enclosed environment if adequate ventilation is not in place. Acute health effects which can be brought on by exposure to high CO<sub>2</sub> concentrations include headache, dizziness, shortness of breath, sweating, increased blood pressure, and in severe cases, unconsciousness and death. Maintaining adequate CO<sub>2</sub> washout during an extravehicular activity (EVA) is required to avoid these negative health effects. Likewise, maintaining adequate CO<sub>2</sub> washout during space suit ground testing is necessary for test subject safety.

There are a number of ways to increase the CO<sub>2</sub> washout within a Space Suit helmet, however the quantifiable impact of variables such as airflow configuration and helmet shape are not well understood. The NASA Johnson Space Center (JSC) Space Suit and Crew Survival Systems Branch, in conjunction with the EVA Physiology Laboratory, measured oronasal CO<sub>2</sub> concentrations in the Mark-III suit for a variety of airflow configurations with a focus on better understanding which helmet airflow configurations provide the best CO<sub>2</sub> washout during ground-based testing. A reconfigurable helmet inlet vent was developed specifically for this test and is only intended for ground use in this test. Data and trends obtained from this test will be used to help define inlet vent configurations for future space suits to maximize CO<sub>2</sub> washout. More stringent CO<sub>2</sub> washout requirements may be necessary for cases in which the subject cannot be quickly returned to a low level of ambient ppCO<sub>2</sub>, such as during spaceflight. These cases were out of the scope of this test series and were therefore not examined in depth.

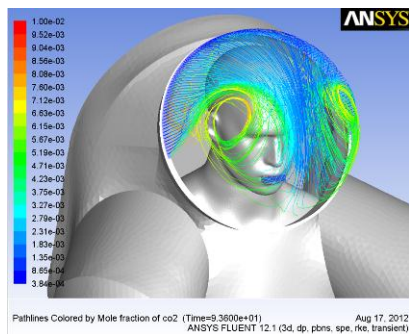
## II. Test Objective

The main objective of this test was to evaluate six helmet inlet ventilation configurations to determine which configuration maximizes CO<sub>2</sub> washout in the test subject's oronasal area in the Mark-III suit. Secondary test objectives included characterizing general trends between vent configuration and oronasal CO<sub>2</sub> washout, and obtaining CO<sub>2</sub> test data in the oronasal region that can be used to refine corresponding computational fluid dynamic (CFD) modeling predictions. Test parameters were selected to focus on slightly higher manned suit test workloads and flow rates, which have typically been useful in characterizing oronasal CO<sub>2</sub> washout. To accomplish these objectives, it was necessary to characterize both variability between test days for the same subject and between subjects.

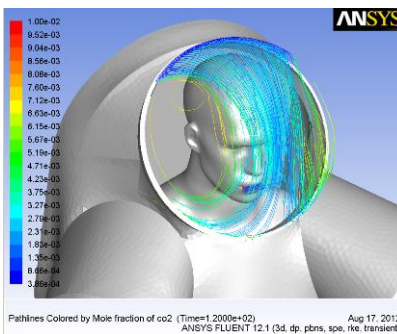
## III. Test Plan Overview

Three test subjects were used, with each subject performing two days of testing to allow for data comparison between tests for consistency in the test methodology. The suit pressure was maintained at the standard operating pressure of 4.3 psi at all times. Supply airflow was varied between 6 ACFM (standard air flow rate) and 4 ACFM for the 2000 BTU/hr test cases, and remained at 6 ACFM for the 3000 BTU/hr test cases.

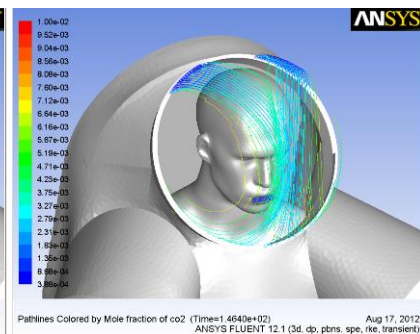
Test subjects walked on a treadmill at varying speeds in order to generate metabolic rates (workloads) of approximately 2000 and 3000 BTU/hr for short approximately 2 minute durations. At the end of each 2 minute data collection period or test 'Run', the inlet vent configuration was reconfigured to produce the next helmet air flow configuration to be tested. Simplified predictions for the flow paths within the helmet for each configuration, which were based on CFD models<sup>1</sup>, are shown in Figures 1 through 6. Previous CO<sub>2</sub> washout tests<sup>2</sup> and analysis have shown that the most challenging CO<sub>2</sub> washout conditions occur at higher metabolic rates and lower airflow rates. These conditions were therefore targeted to identify CO<sub>2</sub> washout differences between the vent configurations being tested. These values were also selected based on historical suited test data, which represent the higher end of ground-based suited testing.



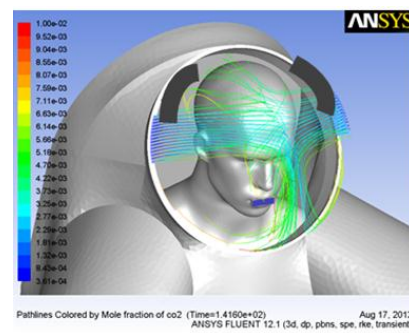
**Figure 1. CFG A**



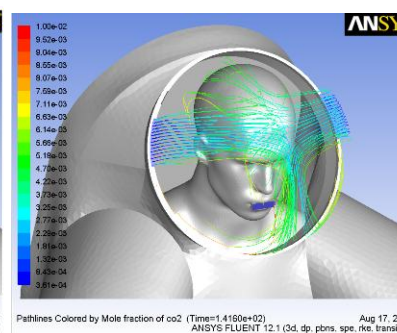
**Figure 2. CFG B**



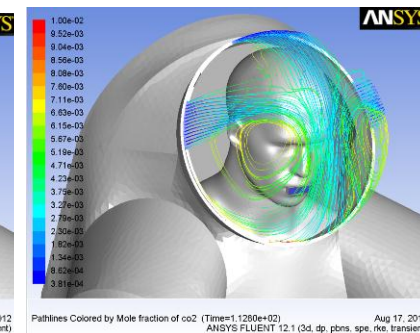
**Figure 3. CFG C**



**Figure 4. CFG D**



**Figure 5. CFG E**



**Figure 6. CFG F**

Oronasal CO<sub>2</sub> levels and trending in the helmet were monitored real-time via gas analyzers with sampling tubes positioned in the subjects' oronasal area and a separate in-helmet location. Metabolic rate was calculated in real-time from the total CO<sub>2</sub> production as measured by an additional gas analyzer at the air outlet from the suit. The real-time metabolic rate was used to monitor and adjust the treadmill speed to meet the target metabolic rates. Heart rate was also monitored to ensure that the suited subjects stayed below 85% of age predicted heart rate maximum, which is the standard cut-off for non-physician monitored testing at JSC.

Table 1 and Table 2 show the test matrices containing workload, supply airflow rate and inlet vent configuration (CFG) combinations along with test order for each day of testing. Each day oronasal CO<sub>2</sub> levels associated with each vent configuration were evaluated at both the standard 6 ACFM and reduced 4 ACFM flow rates while test subjects generate a metabolic rate of 2000 BTU/hr. Suited subjects were allowed to take rest breaks as needed. After all 2000 BTU/hr runs (Runs #1-12) were completed; a subset of airflow vent configurations was evaluated at 3000 BTU/hr. On each test subject's first day of testing, vent configurations A, B and F were planned to be evaluated at 3000 BTU/hr at 6 ACFM. Vent configurations F (if not executed on day 1) and A, C, and B were planned to be evaluated on the second day of testing to capture data at 3000 BTU/hr at 6 ACFM.

**Table 1. Test variables matrix for test subject Day 1**

Metabolic Rate	Airflow	Inlet Vent Configuration					
		CFG A	CFG B	CFG C	CFG D	CFG E	CFG F
2000 BTU/hr	6 ACFM	Run #1	Run #2	Run #3	Run #4	Run #5	Run #6
Break(s) as needed by suited subject							
2000 BTU/hr	4 ACFM	Run #7	Run #8	Run #9	Run #10	Run #11	Run #12
Break(s) as needed by suited subject							
3000 BTU/hr	6 ACFM	Run #13	Run #14				Run #15

**Table 2. Test variables matrix for test subject Day 2**

Metabolic Rate	Airflow	Inlet Vent Configuration					
		CFG A	CFG B	CFG C	CFG D	CFG E	CFG F
2000 BTU/hr	6 ACFM	Run #6	Run #5	Run #4	Run #3	Run #2	Run #1
Break(s) as needed by suited subject							
2000 BTU/hr	4 ACFM	Run #12	Run #11	Run #10	Run #9	Run #8	Run #7
Break(s) as needed by suited subject							
3000 BTU/hr	6 ACFM	Run #15	Run #16	Run #14			Run #13

#### IV. Test Hardware Description

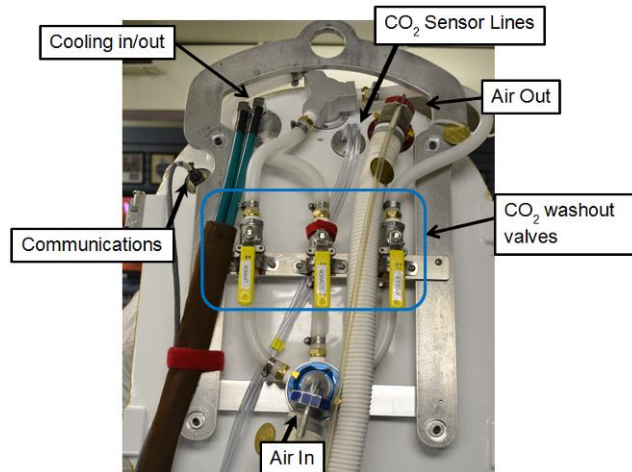
##### A. Mark-III Suit

The Mark III suit, shown in Figure 7 represents a rear entry hybrid space suit configuration composed of hard elements such as a hard upper torso and hard brief section and of soft components such as the fabric elbows and knees. The Mark-III has a neck ring that accommodates a 13.5 inch hemispherical dome helmet consisting of a detachable, transparent, hard pressure vessel encompassing the head. The Mark-III suit hardware and ancillary support equipment provide the necessary functions and interfaces to conduct manned pressurized suit operations when combined with (a) a suitable gas supply system, (b) cooling water supply and (c) suitable communication system.

The Mark-III suit was designed to nominally receive certified breathing air at 5 to 6 ACFM to both inflate the pressure garment and provide a breathable atmosphere for the suited subject. The Mark-III has also been approved for testing at 4 ACFM when enhanced monitoring of the test subject's oronasal CO<sub>2</sub> concentration is present. Breathing air was delivered to the pressure garment via a certified gaseous breathing air system using the interface shown in Figure 8. The return air (exhalent) is removed from the Mark-III suit via ducts located on the legs and arms of a Shuttle liquid cooling and ventilation garment (LCVG), which was worn by each test subject. The exhaust air is then directed out of the suit at the red 'Air Out' connection on the rear-entry door also shown in Figure 8.



**Figure 7. Mark-III Suit overview.**

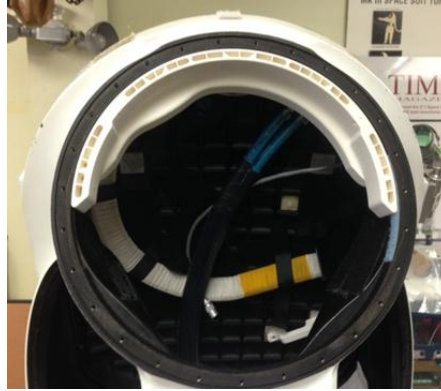


**Figure 8. Mark-III Suit external interfaces.**

##### B. Helmet Ventilation Inlet Vent and Flow Configurations

The suit inlet breathing air was directed through a set of tubes and valves shown in Figure 8 to direct flow to the suit inlet ducts, which are shown in Figure 9, to be easily reconfigured. This inlet vent was specifically designed and fabricated to produce various flow patterns within the Mark-III test subject's oronasal region which corresponded to similar simplified CFD models analyzed in 2013<sup>1</sup>. The 2013 simplified CFD models predicted the resulting flow patterns and CO<sub>2</sub> washout in the oronasal region for each of the six vent configurations. The resulting approximated flow patterns predicted for each configuration are shown in Figures 1 through 6. During testing, the three valves located on the exterior of the Mark-III hatch, shown in Figure 8, were configured to supply airflow to the vent shown in Figure 9 to produce the airflow configurations shown in Figures 1 through 6.



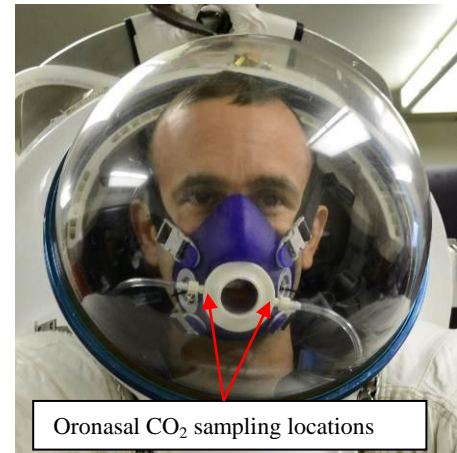


**Figure 9. Front view of helmet inlet vent.**

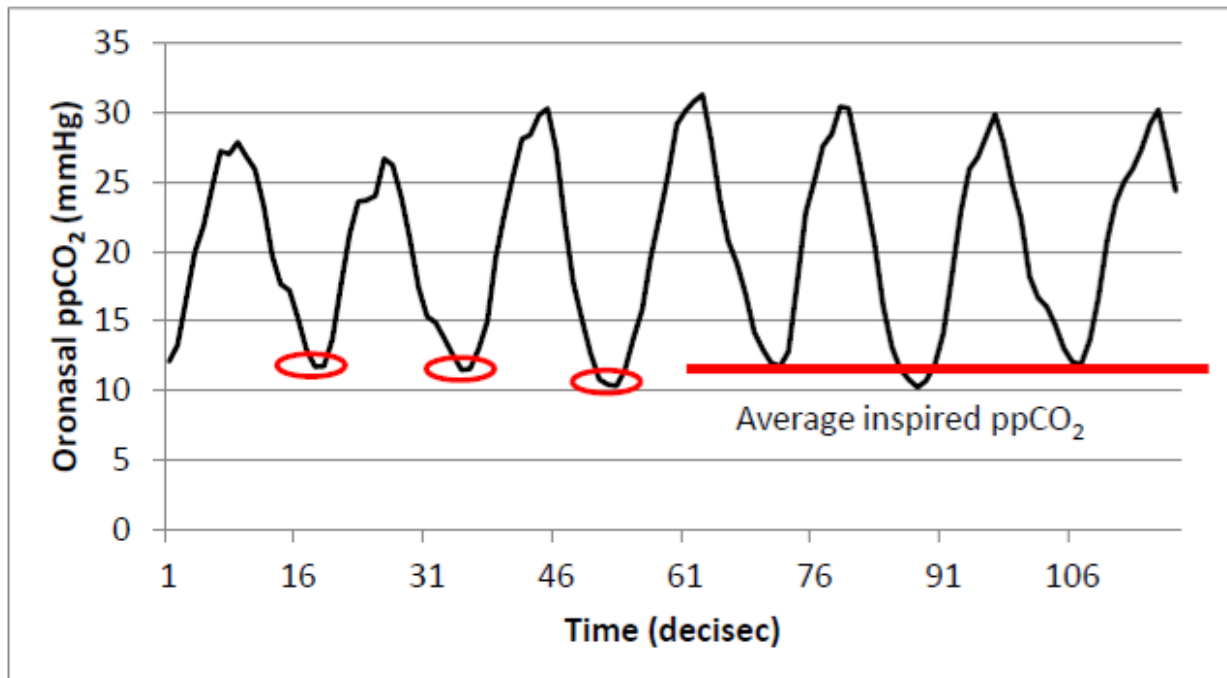
## **V. Methods**

### **C. CO<sub>2</sub> Measurements**

The key parameter for indication of adequate CO<sub>2</sub> washout is the direct measurement of CO<sub>2</sub> in the subjects' oronasal area. This represents the amount of CO<sub>2</sub> that the subject inspires with each breath. The test subjects wore an oronasal mask to provide a platform for sampling CO<sub>2</sub> in the oronasal area. The mask used, pictured in Figure 10, was a Hans Rudolph 7450 series mask with a headnet to hold the mask on the subjects' faces. The mask seals to the face except for a large opening right at the front of the mouth. Tygon sampling tubes were inserted at the right and left side of the opening to measure oronasal CO<sub>2</sub> content. Each signal was analyzed separately, therefore exact time syncing between the left and right side was not critical. Inspired CO<sub>2</sub> levels were determined by looking at the low points of the respiratory cycle (shown in Figure 11). Without direct flow measurement at the mouth, a time weighted average across the inspiration cycle could not be calculated. While a time weighted average would be preferred, the majority of the inspiration by volume occurs near the lowest end of the displayed CO<sub>2</sub> levels in Figure 11. The test setup used to obtain and analyze CO<sub>2</sub> measurements was identical to previous CO<sub>2</sub> washout testing with the REI suit in 2012<sup>2</sup>. Forward work includes the development of an algorithm that might account for the complete CO<sub>2</sub> inhalation during the inspiratory cycle. Although there is some overall error associated with this method, it allows for accurate relative comparisons between suits inlet vent configurations, metabolic rates and flowrates. The left and right side measurements were given equal weight and the average was used to determine CO<sub>2</sub> washout. One additional CO<sub>2</sub> sampling tube was placed in the top, center of the helmet just below the inlet vent to allow for observation of the CO<sub>2</sub> level at an alternate in-helmet location. The sampling tubes were routed through a pass-through port in the suit hatch, through a rotameter that controlled flowrate to 1.0l/min per sample line and then out to AEI Technologies CD-3A CO<sub>2</sub> analyzers for real-time CO<sub>2</sub> measurement. Suit delta pressure forced air flow through the sampling tubes, and rotameters on the gas analyzers allowed the flow rate to be adjusted to the range required by the analyzers.



**Figure 10. CO<sub>2</sub> sampling locations.**



**Figure 11.** Inspired pCO<sub>2</sub> was determined by the average values of the troughs seen during the respiratory cycle.

#### **D. Metabolic Rate Measurement**

In the ground-based suit test configuration, supply air provided from either the facility breathing air supply or K-bottles has a very low (less than 500 ppm or 0.05%) CO<sub>2</sub> concentration. Inside the space suit, the only significant source of CO<sub>2</sub> is the human being, and the amount of CO<sub>2</sub> produced is proportional to the person's workload. There is no CO<sub>2</sub> scrubbing capability in the suit, therefore the CO<sub>2</sub> produced is exhausted along with the bulk airflow out of the suit. We assume that the ventilation rate and direction of airflow ensures proper gas mixing throughout the suit and that there are no pockets of expired air that accumulate somewhere in the suit. The suit is also known to leak in small amounts typically through the joints or bearings. Given the suit's airflow and mixing characteristic and steady state exercise protocols, we assume that gas sampled at the exhaust umbilical is representative of the subject and not affected by the known leak rate.

Since different people expend different amounts of energy while walking at the same speed, it is necessary to have a way to calculate the actual energy expenditure (metabolic rate) of each individual subject to control the test for specific workloads. This test used a method that has been adapted for use in space suits from the industry standard method used in the Exercise Physiology field. Metabolic rate was determined by NASA EVA Physiology Laboratory personnel through standard equations<sup>3</sup> using CO<sub>2</sub> production, the flow rate of breathing air, and the respiratory exchange ratio (RER). For this study, we assume a constant RER of 0.85. The same equipment, personnel and method are used to determine metabolic rate during Extravehicular Activity (EVA) training in the Neutral Buoyancy Laboratory (NBL) as an estimation of the metabolic rates expected for International Space Station (ISS) EVAs, and in previous CO<sub>2</sub> washout testing with the REI suit in 2012<sup>2</sup>.

The system used for metabolic rate measurement consisted of a Kurz flow meter on the suit air inlet line and an AEI Technologies CD-3A infrared CO<sub>2</sub> analyzer on the suit air outlet line, which fed data into the metabolic rate calculations. The Kurz flow meter outputs data in SCFM based on a temperature of 25°C and pressure of 14.7 psi. The CO<sub>2</sub> level measured by this system has been shown to track closely to the subject's workload and can be an effective method of controlling to a desired workload. During the test, the Environmental Physiology Laboratory personnel would monitor the metabolic rate at each workload until it appeared to have stabilized. At that point, a 2-minute data collection trial was "started" (by marking the start time in the metabolic system data collection program). In some cases, workload had to be adjusted during the data collection period to keep the metabolic rate at the desired level.

A LabVIEW program was used to calculate and display metabolic rate as well as in-suit CO<sub>2</sub> levels on a single display screen. The data was displayed real-time during each test and recorded for post-test analysis. Because the

CO<sub>2</sub> being used for the oronasal CO<sub>2</sub> analysis was sampled directly at the source of CO<sub>2</sub> production, it was important to add this back into the metabolic rate calculation. This was not done real time, but was done post hoc and on average, the CO<sub>2</sub> sampled directly from the oronasal area accounted for 25-75 BTU/hr depending on ppCO<sub>2</sub>.

## **VI. Data Analysis**

### **A. Overview of Data Collected**

The objective of the test was to determine which of vent configurations provided the most CO<sub>2</sub> washout using 3 subjects, running each subject through the complete protocol on 2 different test days. Because the vent metabolic rate and vent configuration were controlled variables, the test team expected no significant differences between test days of the same subject. Testing was scheduled to include 15 to 16 test points each day, with the first 12 test points at 2000BTU/hr being the primary focus of data collection. All three subjects completed the 2000 BTU/hr trials both days at each of the 6 different vent configurations. Because of the physical difficulty of completing the 3000 BTU/hr trials, they were not all completed. On the first day of testing at 3000 BTU/hr, Subject 1 completed vent configurations A and B, Subject 2 did not attempt any test points and Subject 3 completed A, B and F. On Day 2, Subject 1 and 3 completed all targeted vent configurations at 3000 BTU/hr and subject 2 completed A, B and F.

One of the ways to ensure some measure of precision was to test each subject on different days. Between test days and even test conditions, there can be variability in the suit ventilation rate and subject metabolic rate. The test is structured to control to the metabolic rate of the suited subject, but this is often a moving target based on posture, how much weight the subject rests on the treadmill frame and even slight gait differences. For this reason, we target a range of target metabolic rate  $\pm 10\%$  for data collection. Even with this target, there are fatigue and oronasal inspired CO<sub>2</sub> test termination criteria that may not allow for data collection during the target metabolic rate for the preferred amount of time. Due to these differences in flow and metabolic rate, a normalization scheme is needed to ensure fair comparison between the conditions. Based on mathematical analysis and previous test data, we know that increased metabolic rate and decreased suit flow rate will lead to increased inspired CO<sub>2</sub>. Due to the cumbersome units associated with the normalization scheme, the normalized data will be reported as the CO<sub>2</sub> washout score. The CO<sub>2</sub> Washout Score is the metabolic rate in BTU/hr divided by the average inspired ppCO<sub>2</sub> in mmHg and then further divided by the suited flow rate in SCFM. In this case, a higher CO<sub>2</sub> washout score is associated with better overall CO<sub>2</sub> washout. This is shown in Equation 1.

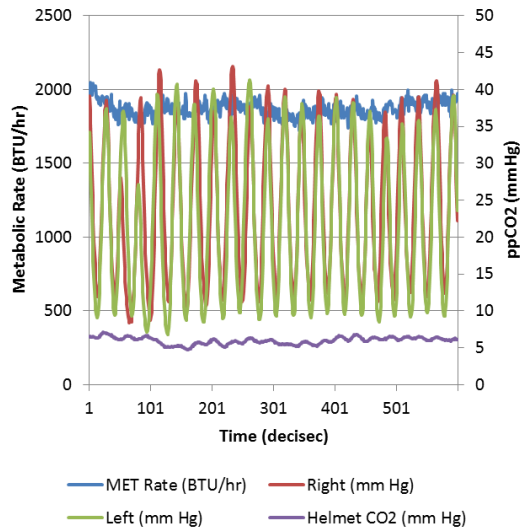
Equation 1: CO<sub>2</sub> Washout Score = Metabolic Rate (BTU/hr) ÷ Inspired CO<sub>2</sub> (mmHg) ÷ Suit flow rate (SCFM)

### **B. Day to Day Variability Within Subjects**

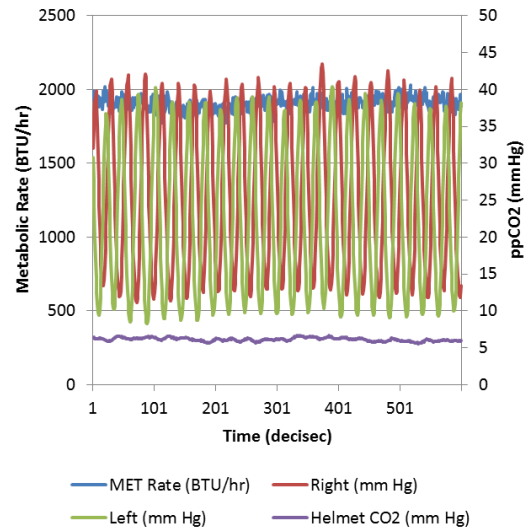
The number of test subjects used for this test was based solely upon the number of subjects used in similar CO<sub>2</sub> washout testing performed at JSC. Statistical power was not a consideration for development of the number of subjects. Comparison within the same subject and between different subjects were made throughout visual inspection of the graphical data and through numerical comparisons. With this pilot data, the test team hoped to get a feel for the day-to-day variations. In most cases, the test day comparison across the same subjects appeared similar. An example of this is shown in Figure 12. Aside from the left to right side synchronization, the average, low and high oronasal ppCO<sub>2</sub>, helmet ppCO<sub>2</sub> are visually similar. This figure is very representative of the variability seen in the ppCO<sub>2</sub> values when the metabolic rate was similar between trials.



**Sub 3 – Configuration A – Day 1**



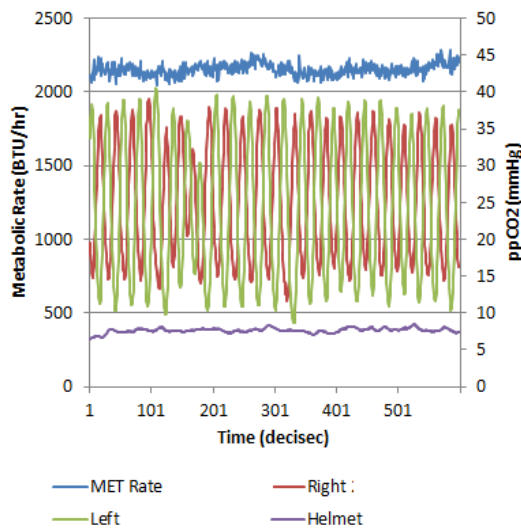
**Sub 3 – Configuration A – Day 2**



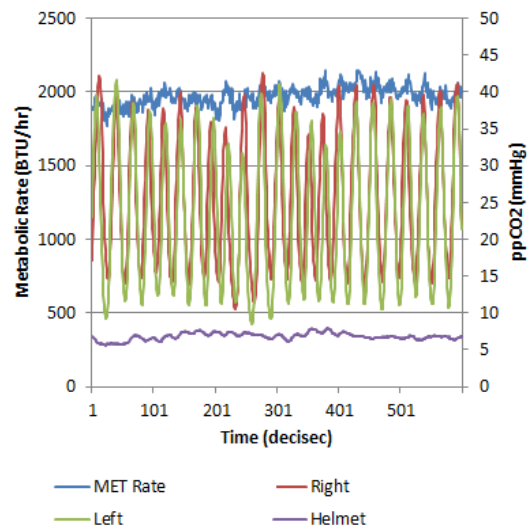
**Figure 12. Example comparison for the same test subject at 2000 BTU/hr using configuration A showing similar overall test results. This similarity was observed for all test subjects.**

The visual differences between subjects 1 and 3 appeared to range from negligible to clearly apparent. Figure 13 demonstrates an example of a test point that looked similar between subjects 1 and 3 for at the same metabolic rate, flow rate and vent configuration.

**Sub 1 – Configuration B – Day 1**



**Sub 3 – Configuration B – Day 1**

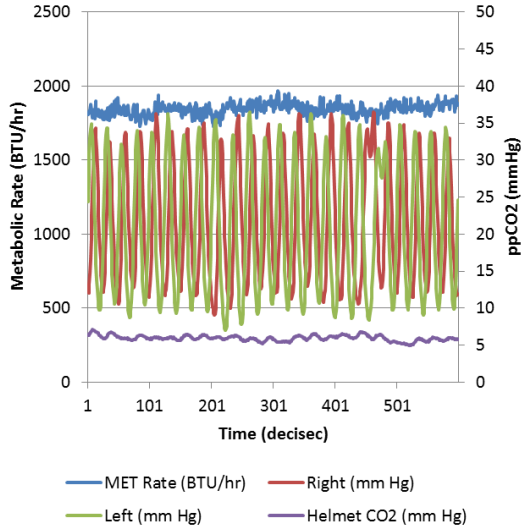


**Figure 13. Example comparison between test subjects at 2000 BTU/hr using configuration B showing visually similar results.**

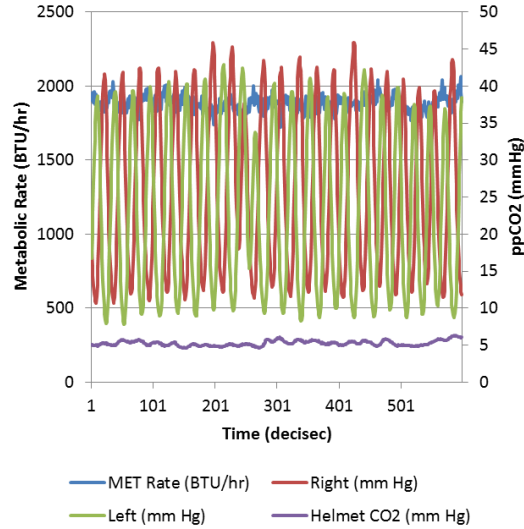
Whereas Figure 13 shows how similar the data between subjects 1 and 3 looked, Figure 14 demonstrates some of the larger visual variability that was observed. In this case, Subject 3 had peak ppCO<sub>2</sub> values that were approximately 5 mmHg greater than Subject 1. Throughout the test, both subjects 1 and 3 had similar respiratory rates, so the likely differences in peak exhaled ppCO<sub>2</sub> relate to tidal volume differences contributing to different subject ventilation rates. Based on these observed differences and the very apparent differences between Subject 2 and the others (Figure 15), we recommend that the subject pool needs to have their ventilatory variables such as total

ventilation, tidal volume and respiratory rate characterized via standard metabolic gas analysis at the target metabolic rates using similar activities. While doing this respiratory characterization, it would be valuable to further include a measurement of total aerobic capacity so that an index of percent maximum effort could also be used to describe subject to subject differences.

**Sub 1 – Configuration F – Day 2**

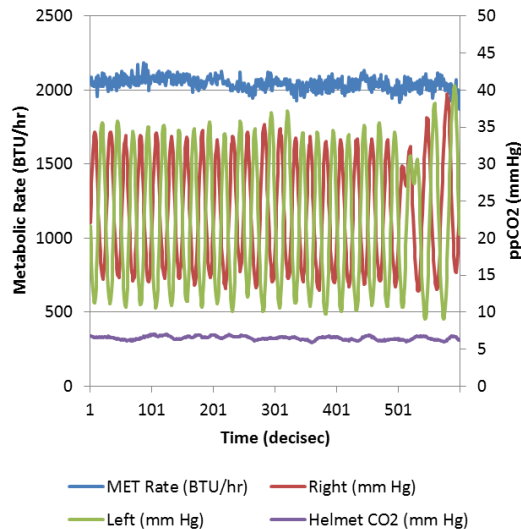


**Sub 3 – Configuration F – Day 2**

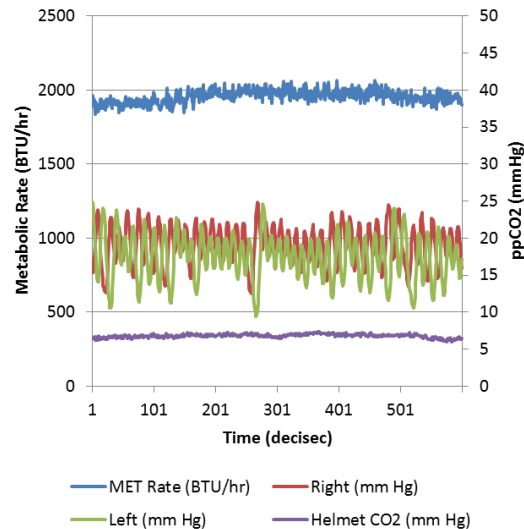


**Figure 14. Example comparison between test subjects at 2000 BTU/hr using configuration F. This example shows variability in peak expired ppCO<sub>2</sub> values.**

**Sub 1 – Config C – Day 1**



**Sub 2 – Config C – Day 1**



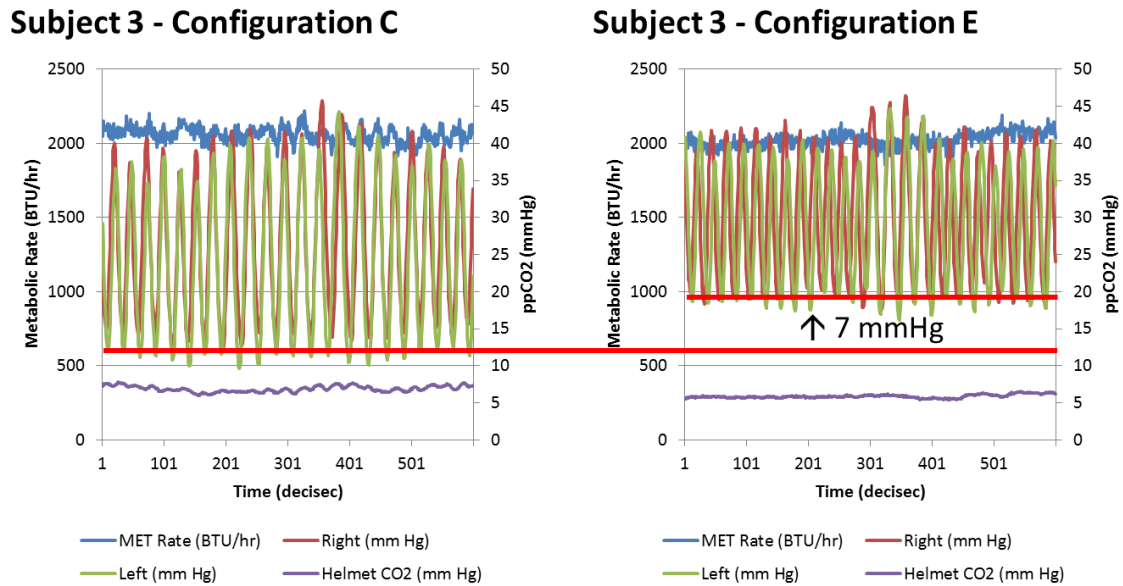
**Figure 15. Example comparison between test subjects at 2000 BTU/hr using configuration C. This example shows extreme ppCO<sub>2</sub> variability across the respiratory cycles.**

This pattern of shallow, frequent breathing was present through all test points for Subject 2. Subject 2 had a greater average respiratory rate (40 breaths/min) at 2000 BTU/hr conditions as compared to Subject 1 (24 breaths/min) and Subject 2 (23 breaths/min). In the case of suited CO<sub>2</sub> washout, we have been working on the

assumption that the subject inside the suit could be modeled simply as a metabolic load producing CO<sub>2</sub>, but this respiratory variation indicates that this is an inadequate assumption. Future studies must characterize the subject pool as described above and need to include more than 3 subjects to ensure confidence in the results.

Although the results indicating between subject variability are of interest and will most definitely apply to the development of a flight EVA suit CO<sub>2</sub> requirement verification method, these differences do not preclude the ability to compare between the difference suited ventilation configurations. The subject to subject variability does preclude the use of a single average value for a CO<sub>2</sub> washout score across the subjects though. In this case, it is best to evaluate both the individual subject data and the combined data.

The one consistent trend for each subject was that the CO<sub>2</sub> washout performance for vent configuration E was the worst at both 4 and 6 ACFM flow rates. An example of this difference is in Figure 16, which shows an approximately 7 mmHg increase in inspired oronasal ppCO<sub>2</sub>. Configuration D also scored low, but primarily at 4 ACFM. The remaining configurations had no consistent differences. This data is summarized numerically in Table 3 and graphically in Figure 17.

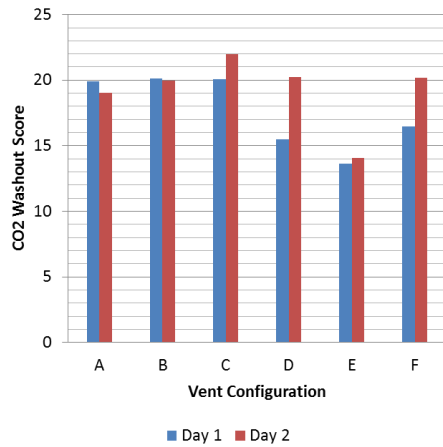


**Figure 16. Example comparison between vent configuration C and E at 2000 BTU/hr using Subject 3. This example shows a large increase in inspired oronasal ppCO<sub>2</sub> with configuration E.**

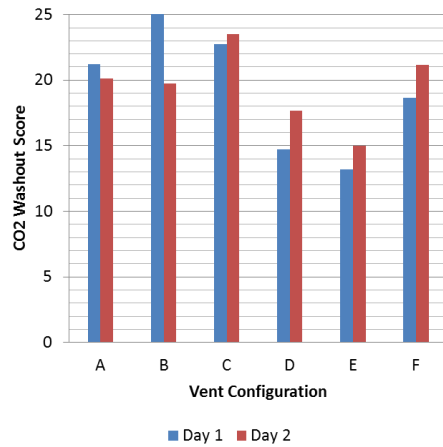
**Table 3. CO<sub>2</sub> Washout Scores for each vent configuration across different individual subjects at 2000 BTU/hr at 6 and 4 ACFM**

Target BTU/hr		2000 BTU/hr											
Target Flow		6 ACFM						4 ACFM					
Ventilation Configuration		A	B	C	D	E	F	A	B	C	D	E	F
Subject 1	Day 1	19.9	20.1	20.1	15.5	13.6	16.5	21.2	25.1	22.8	14.7	13.2	18.7
	Day 2	19.0	19.9	22.0	20.3	14.1	20.2	20.1	19.7	23.5	17.7	15.0	21.2
	Average	19.5	20.0	21.0	17.9	13.9	18.3	20.7	22.4	23.1	16.2	14.1	19.9
Subject 2	Day 1	14.9	14.0	15.6	13.6	12.6	13.9	18.3	17.9	18.6	17.2	15.9	18.2
	Day 2	14.4	13.4	14.5	14.1	13.3	15.8	18.9	18.2	18.4	17.8	16.9	18.2
	Average	14.6	13.7	15.1	13.9	12.9	14.8	18.6	18.1	18.5	17.5	16.4	18.2
Subject 3	Day 1	21.0	18.9	18.2	18.2	13.2	19.1	20.6	20.5	20.9	16.1	14.0	19.0
	Day 2	20.0	19.7	19.3	20.3	14.7	20.9	23.2	21.8	22.3	21.4	15.7	25.1
	Average	20.5	19.3	18.8	19.2	13.9	20.0	21.9	21.1	21.6	18.8	14.8	22.0

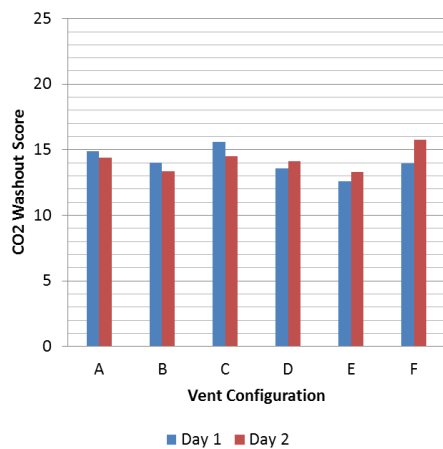
**Subject 1 – 6 ACFM – 2000 BTU/hr**



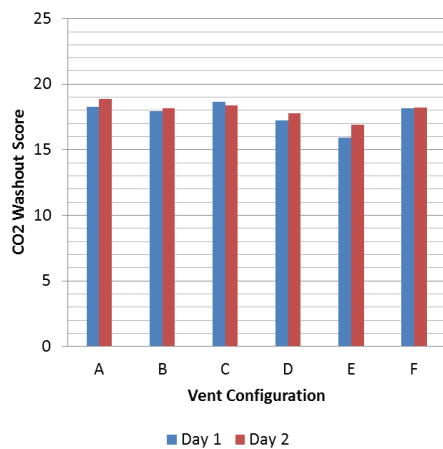
**Subject 1 – 4 ACFM – 2000 BTU/hr**



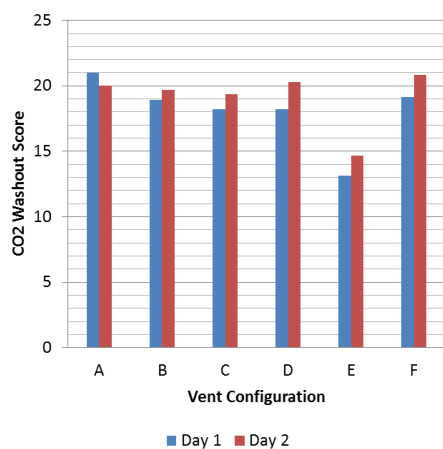
**Subject 2 – 6 ACFM – 2000 BTU/hr**



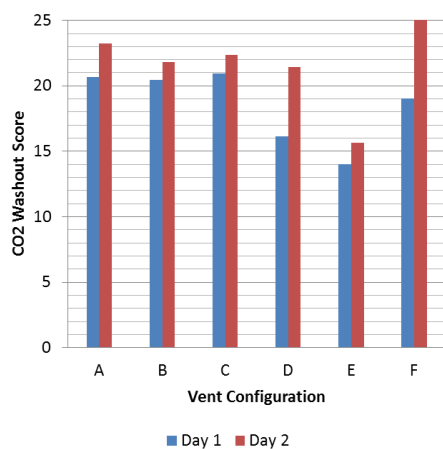
**Subject 2 – 4 ACFM – 2000 BTU/hr**



**Subject 3 – 6 ACFM – 2000 BTU/hr**

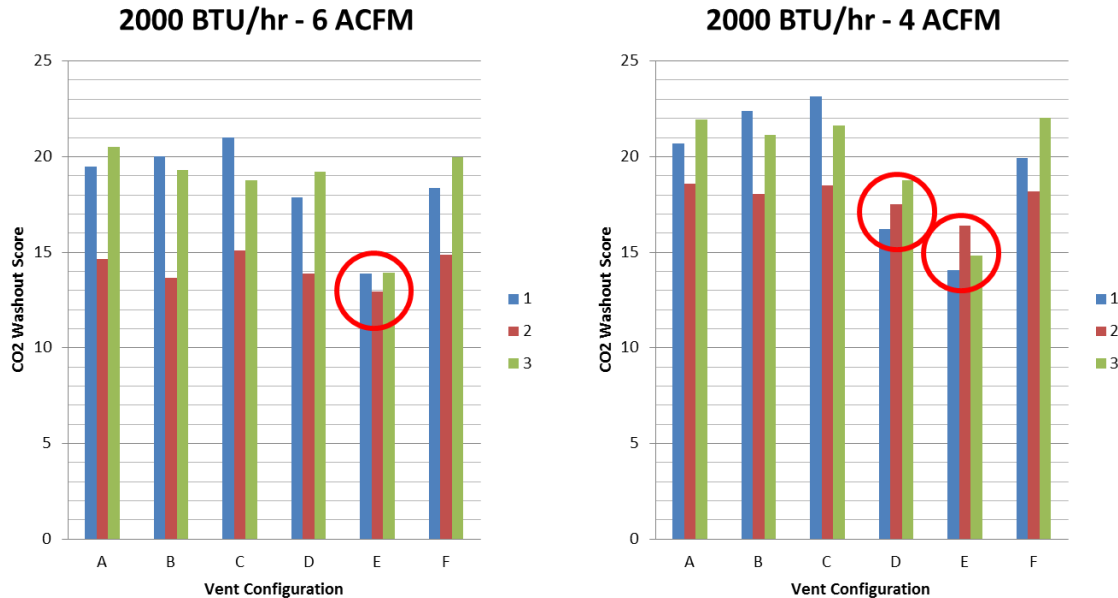


**Subject 3 – 4 ACFM – 2000 BTU/hr**



**Figure 17. CO2 Washout Scores for each vent configuration across different individual subjects at 2000 BTU/hr at either 6 or 4 ACFM**

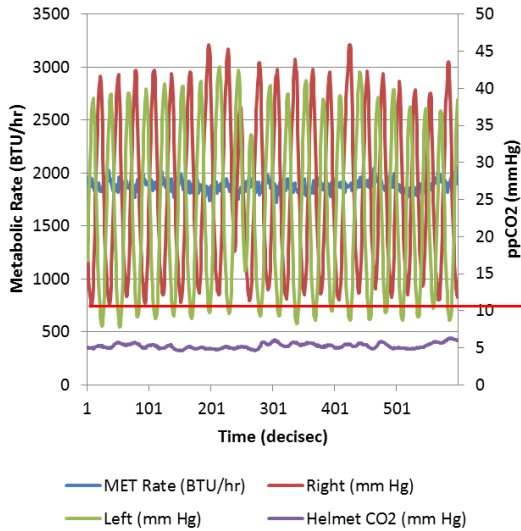
The primary purpose of this evaluation was to determine if a certain vent configuration provided the best CO<sub>2</sub> washout. The data at 2000 BTU/hr demonstrated that configurations D and E had the worst performance and these configurations were dropped for the 3000 BTU/hr testing. The differences between configurations A, B, C and F could not be determined at 2000 BTU/hr conditions at both 6 and 4 ACFM and the testing at 3000 BTU/hr did not provide any indication that one of those configurations performed better than the others. Therefore, our recommendations is to move forward with either configurations A, B, C or F and to let other engineering considerations drive the decision. The rationale to eliminate configurations D and E is shown in Figure 18, which shows the average CO<sub>2</sub> washout score for each subject at each configuration.



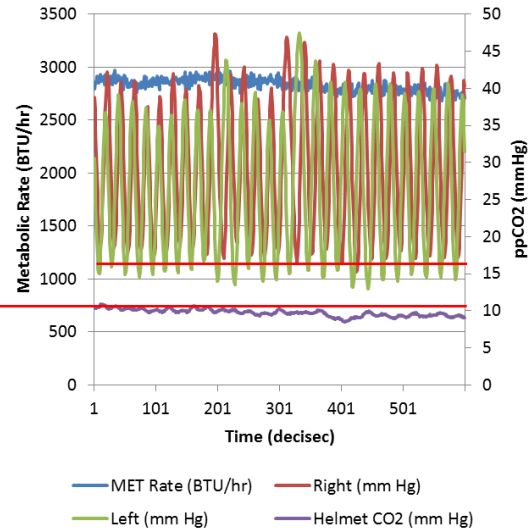
**Figure 18. Average CO<sub>2</sub> Washout Scores for each subject at each vent configuration at 2000 BTU/hr at either 6 or 4 ACFM**

As previously assumed and demonstrated, certain factors such as metabolic rate and suit flow rate clearly continued to affect CO<sub>2</sub> washout. Figure19 demonstrates the effect on both oronasal and ambient helmet ppCO<sub>2</sub> by increasing the metabolic rate from 2000 to 3000 BTU/hr while keeping all other variables including subject, test day, vent configuration and suit flow rate constant. In this example, the oronasal inspired ppCO<sub>2</sub> increased by approximately 5 mmHg and the ambient helmet ppCO<sub>2</sub> increased by 4 mmHg. Figure 20 demonstrate a similar effect but this time only the suit flow rate was changed from 6 to 4 ACFM. All other factors including subject, test day, vent configuration and metabolic rate were held constant. The magnitude change in the inspired oronasal and ambient helmet ppCO<sub>2</sub> was also about 4-5 mmHg.

**Configuration F - 2000 BTU/hr**

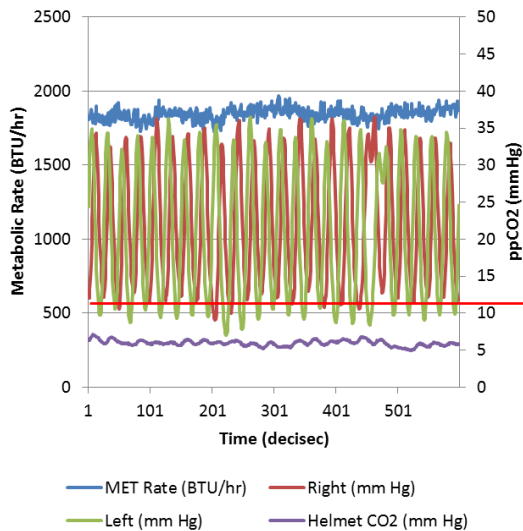


**Configuration F - 3000 BTU/hr**

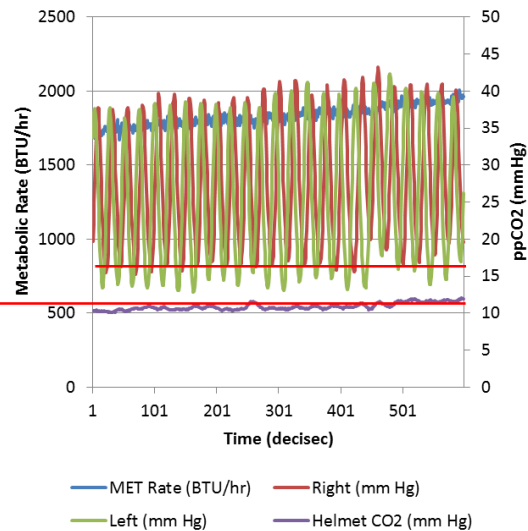


**Figure 19. CO<sub>2</sub> washout performance differences due to increased metabolic rate. Subject, test day, suit flow rate and vent configuration were constant.**

**Configuration F – 6 ACFM**



**Configuration F – 4 ACFM**

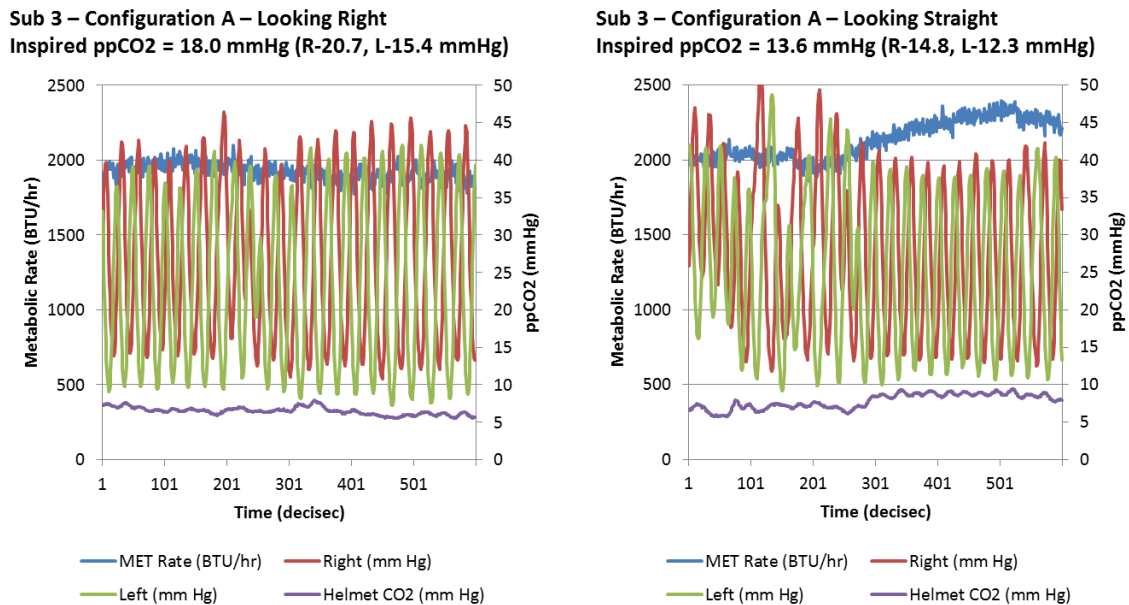


**Figure 20. CO<sub>2</sub> washout performance differences due to decreased suit flow rate. Subject, test day, metabolic rate and vent configuration were constant.**

One final consideration for CO<sub>2</sub> washout performance is head position. We have typically assumed that the head position will be oriented forward, but if the crewmember will be performing tasks requiring different orientations, this should also be considered. At the end of one trial, we had one test subject orient their face toward the right at about a 45 degree angle. This subject was able to walk safely and so we proceeded to collect data for one minute with the head turned right and then a minute following by returning the head to the forward position. The right side turn increased overall inspired ppCO<sub>2</sub> with a larger increase from the right side sampling site. Figure 21 shows these two minutes with the left side of the figure showing what occurred with a rightward turn of the head and the right



side of the figure showing an improvement to CO<sub>2</sub> washout performance within about 10-20 seconds with a forward facing orientation.



**Figure 21. CO<sub>2</sub> washout performance differences due to head position. Subject, test day, metabolic rate, suit flow rate and vent configuration were constant.**

## VII. Conclusion and Recommended Forward Work

This data continues to build upon previous test results, but has introduced new requirements for testing including more complete subject respiratory and fitness characterization. Metabolic rate and suit flow rate continue to be significant drivers for CO<sub>2</sub> washout performance. Now, there is also clear data to support that the vent configuration that determines how suit flow is delivered is also important. The difference between using a time-weighted average over the inspired breath rather than just the very bottom value as the true inspired ppCO<sub>2</sub> must also be evaluated.

As shown in previous tests, there are significant differences between test subjects. As we move from small sample size pilot and engineering tests to the development of a method for verification of a CO<sub>2</sub> washout requirement for a flight EVA suit, there are several factors to consider including determination of the correct sample size.

The oronasal facemask allows for consistency between test points and is good for relative comparisons, such as was done during this test, but may over estimate the true inspired ppCO<sub>2</sub> due to increased dead space and reduced flow around the oronasal area. An alternative solution minimizing the distortion around the oronasal area should be considered for transition to a method for flight EVA suit requirements verification.

Head position can also affect CO<sub>2</sub> washout. In most cases, it is logical that the head will be facing forward, but if there any indication that the crewmember's head will face in different directions for extended periods of time, then those positions should be considered as well.

Further work should continue to address the areas listed above, with a focus on reducing the profile of the oronasal mask in order to minimize airflow disturbances in the helmet and allow for less invasive measurements of oronasal CO<sub>2</sub> levels.

## Acknowledgments

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<sup>2</sup>Mitchell K, and Norcross J, "CO2 Washout Testing of the REI and EM-ACES Space Suits," *42nd International Conference on Environmental Systems*, AIAA Paper Number 2012-3549, 2012.

<sup>3</sup>Weir, J.D.V., "New methods for calculating metabolic rate with special reference to protein metabolism," *The Journal of Physiology*, Vol 109, 1948, pp.1-9.